

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 31, 2000

COUNTY FISCAL LETTER (CFL) NO. 00/01-31

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: ASSISTANCE CLAIMING INSTRUCTIONS TO APPLY THE NEW
FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP) TO FOSTER
CARE AND ADOPTION ASSISTANCE PAYMENTS.

Effective beginning with the October 1, 2000, claim month, the FMAP rate will decrease from 51.67% to 51.25%. The decrease will be reflected with the October 2000, assistance claims. Programs/claims affected by the rate decrease changes for which the Fiscal Systems and Accounting Branch provides policy/claiming instructions are:

<u>Program</u>	<u>Claim Form Number</u>
Adoption Assistance Program	AD 800A (10/00)
Federal Children in Foster Care	CA 800 (FC) (10/00)

Lines 13D of the Federal Children In Foster Care form, and line 14C of the Adoption Assistance Program/Federal form, have each been revised to reflect the new rate of 51.25% (sample claims attached). The calculations for Lines 13E, 13F, 14D, and 14E remain the same. Revised camera-ready copies of the claim forms will be available from the California Department of Social Services, Forms Management Unit, within the next month. The Forms Management Unit can be reached at:

California Department of Social Services
Forms Management Unit
744 P Street, M.S. 7-182
Sacramento, California 95814
Telephone: (916) 657-1907

The FMAP rate will also decrease to 51.25% for the In home Support Services and Personal Care Services Program and Child Support Collections programs effective

October 1, 2000. The Adult Services Management Branch and the Department of Child Support Services, will provide revised claiming instructions for their respective programs. Block grant programs are not subject to the FMAP rate. If you have questions regarding this letter, please call your Fiscal Policy Bureau county analyst at 657-3440.

***Original Document Signed by MARGE DILLARD
for MARY JANE ARCHER on 10/31/00***

MARY JANE ARCHER, Chief
Fiscal Systems and Accounting Branch

Attachments

c: CWDA

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES-
ADOPTION ASSISTANCE PROGRAM/FEDERAL**For State Use → ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	Date (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental Payroll
()	()	3. Current Month Cancellation Contra Roll
		5. Prior Months Supplemental Payroll
		6. Subtotal (reconciliation totals)
()	()	7. Prior Months Cancellation Contra Roll
()	()	8. Recoveries of Aid
		9. Schedule of Adjustments (show minus items in parentheses)
		10. Subtotals (Lines 7, 8, 9)
		11. DSS Office Audit Corrections (for state use only)
		12. TOTAL
		13. Amount not Reimbursable from Federal Funds.

	B	C FEDERAL (Line 12B minus Line 13A) x .5125	D STATE (Line 12B minus Line 14C) x .75	E COUNTY (Line 12B minus Line 14C minus Line 14D)	
					14.
	GRAND TOTALS				15.
		(Line 12B)	(Line 14C)	(Line 14D)	(Line 14E)
	(FOR STATE USE)				16.
	(FOR COUNTY USE) Persons Count				17.
					18.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the Adoption Assistance Program in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, allotments for payments in kind, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the Adoption Assistance Program made by the county; that said amounts correctly reflect Federal and State Shares in the aid payments claimed and that warrants therefore have been issued, or funds made available for the payments in kind listed herein according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM AD 800A

1. Enter county name, month and year of claim in space provided.
2. Complete Lines 1 through 5 and 7 through 9 in accordance with amounts shown on the integrated payroll or contra roll.
3. Enter the subtotals in Lines 6 and 10, and totals in Lines 12A and 12B.
4. Line 13A - For children receiving AAP payments in excess of the foster family home rate enter the net amount not reimbursable from federal funds.
5. Line 14C - Enter the federal share: Subtract line 13A from line 12B, multiplied by 51.25 percent.
6. Line 14D - Enter the State share: Subtract line 14C from line 12B, multiplied by 75 percent.
7. Line 14E - Enter the county share: Subtract lines 14C and 14D from line 12B.
8. Line 15 - Enter grand totals.
9. Line 16 - Reserved for the application of adjustments: made by the state (Federal and/or State Field Audit Exceptions, etc.).
10. Lines 17 and 18 - Included at county request and use is optional. If adjustments are reported in line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

SUMMARY REPORT OF ASSISTANCE EXPENDITURES - FEDERAL CHILDREN IN FOSTER CARE

For State Use → <input type="checkbox"/> CDSS <input type="checkbox"/> County Welfare <input type="checkbox"/> County Auditor	
COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental
()	()	3. Current Month Cancellation Contra Roll
		4. Prior Months Supplemental Payroll
		5. Subtotal (reconciliation totals)
()	()	6. Prior Months Cancellation Contra Roll
()	()	7. Recoveries of Aid
		8. Schedule of Adjustments (show minus items in parentheses)
		9. Subtotals (Lines 6,7,8)
		10. DSS Office Audit Corrections (for state use only)
		11. TOTAL
		12. Amount not Reimbursable from Federal Funds

A	B	C TOTALS	D FEDERAL	E STATE	F COUNTY	
			(Line 11B - Line 12A) X .5125	(Line 11B - Line 13D - FC 1 Col. E1) X .40	(Line 11B - Line 13D - FC 1 Col. E1) X .60	13.
						14.
						15.
						16.
Total Fed Admin Costs (FC 1 COL. E3)	Total Non-Fed. Admin Costs (FC 1 COL. F2)		(Col. 17A) X .5	(Col. 17A - Col. 17D + Col. 17B) X .40	(Col. 17A - Col. 17D + Col. 17B) X .60	17.
			(Col. 18C) X .5125	(Col. 18C - Col. 18D)		18.
						19.
						20.
						21.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name and month and year of claim in space provided.
- 1a. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
2. Complete Lines 1 through 4 and 6 through 8 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on the Form CA 800 FC (Federal) may be rounded to the nearest dollar.
3. Enter the subtotals in Lines 5 and 9 and the totals in Line 11.
4. Line 12A - Enter the net amount not reimbursable from federal funds.
(Example: Social worker services (FC 1 column F2), interest on original acquisition mortgages and costs incurred for leasebacks in accordance with the AFDC-Foster Care Group Home Rate Listing).
5. Line 13D - Enter the federal share: total aid paid (11B) minus the amount not reimbursable from federal funds (12A) multiplied by 51.67 percent.
6. Line 13E - Enter the state share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiplied by 40 percent.
7. Line 13F - Enter the county share: total aid paid (11B) minus federal share (13D) minus FC1 Column E1 multiplied by 60 percent.
8. Line 14 - Enter grand totals.
9. Line 15 and 16 - Reserved for state use.
10. Line 17A - Enter the Total Federal Administration Costs: FC1 column E3.
11. Lines 17B - Enter the Total Non-Federal Administration costs: FC1 column F2.
12. Line 17D - Enter the federal share: (17A) multiplied by .5.
13. Line 17E - Enter the state share: (17A minus (17D) plus 17B multiplied by 40 percent.
14. Line 17F - Enter the county share: (17A) minus (17D) plus 17B multiplied by 60 percent.
15. Line 18C - Enter the supplemental Clothing expenditure.
16. Line 18D - Enter the Federal share: (18C) multiplied by .5125.
17. Line 18E - Enter the State share: (18C) minus (18D) equals (18E).
18. Line 19 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with MPP Handbook Section 11-405.2 (see also MPP Handbook Section 25-753).
19. Lines 20 and 21 - Include at county request and use is optional. If adjustments are reported which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.